

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	WHA	70894	8/20
O.I.P.E. CLASSIFIER		49	8/22/10
FORMALITY REVIEW	RT	515	09-28-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/30/10
2	✓	✓	10/30/10
3	✓	✓	10/30/10
4	✓	✓	10/30/10
5	✓	✓	10/30/10
6	✓	✓	10/30/10
7	✓	✓	10/30/10
8	✓	✓	10/30/10
9	✓	✓	10/30/10
10	✓	✓	10/30/10
11	✓	✓	10/30/10
12	✓	✓	10/30/10
13	✓	✓	10/30/10
14	✓	✓	10/30/10
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If more than 150 claims or 10 actions  
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